

Testimony on S.B. No. 1077 (RAISED) AN ACT CONCERNING THE ACCEPTANCE BY PHYSICIANS OF PATIENTS WHO ARE MEDICAID RECIPIENTS.

Distinguished Chairpersons of the Public Health Committee, Sen. Saud Anwar and Rep.

Cristin McCarthy Vahey; Vice Chairpersons Sen. Julie Kushner and Sen. Martha Marx and Rep. Parker; Ranking Members Sen. Heather Somers and Rep. Nicole Klarides-Ditria; Honorable Members of the Public Health Committee:

My name is Anthony Yoder and I am a board-certified Internal Medicine specialist living in Newington, CT and practicing in New Britain, CT. I submit testimony as an individual physician and also in my role as the co-chairperson of the Health & Public Policy Committee for the CT Chapter of the American College of Physicians (ACP). ACP is the largest medical specialty organization in the United States, representing over 160,000 internal medicine physicians and related subspecialists, including 2,300 in Connecticut. Internal medicine physicians are specialists who apply evidence-based scientific knowledge and clinical expertise to the lead the multidisciplinary diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Physicians have provided and will continue to provide care to patients of all socioeconomic classes but Medicaid lagging Medicaid reimbursement makes it financially untenable to accept an unlimited number of patients with Medicaid as their primary insurance. To enhance ability to continue delivering care to all patients, **I submit testimony to you today to express support of Raised S.B. No. 1077.**

The American College of Physicians fully supports regulations which increase access to care independent of ability to pay. Medicaid payment rates must be adequate to reimburse physicians and health care facilities for the cost of providing services, to enhance physician and other provider participation, and to assure access to Medicaid covered services. Policymakers must permanently increase payment for Medicaid primary care and other specialists' services to at least the level of Medicare reimbursement.

Beyond parity in direct reimbursement for care delivered, policy can extend additional protections which make care for complicated, high-risk, multi-morbidity patients of low socioeconomic status more financially feasible. The cost of medical malpractice is increasing drastically in Connecticut along with other states, unfortunately making reimbursement a necessary consideration in demographic makeup for many organizations. Protecting physicians who act in good faith, and without gross negligence or willful or wanton misconduct, when treating Medicaid beneficiaries will in turn limit these drastic increases in malpractice premiums and open access to additional avenues of care. There are many successful existing models of this: the Federal Tort Claims Act, state regulations protecting state-employed physicians and some indemnity for lawyers providing pro-bono services to name a few. To be clear, this proposed legislation does not limit patient protections for grossly negligent acts but does provide an avenue of necessary reform to the actual and intangible costs of medical liability.

Respectfully,



Anthony Yoder, DO, MPH, FACP